



# HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813

or P.O. BOX 616, HONOLULU, HAWAII 96809

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STATE OF HAWAII  
STATE ETHICS COMMISSION

NOTE: This is a public document.

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>				
NAME (Last)		(First)	(Middle)	TELEPHONE
GREENE		GEORGE	W.	(808) 521-8961
MAILING ADDRESS (Street)				FAX (808) 599-2879
707 RICHARDS STREET, PH2				EMAIL
				ggreene@hah.org
(City)		(State)		(Zip Code)
HONOLULU		HI		96813
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE
HEALTHCARE ASSOCIATION OF HAWAII				(808) 521-8961
MAILING ADDRESS (Street)				FAX (808) 599-2879
707 RICHARDS STREET, PH2				EMAIL
(City)		(State)		(Zip Code)
HONOLULU		HI		96813

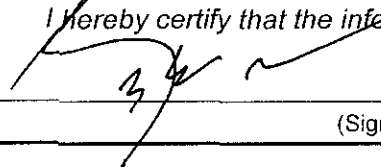
<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
HEALTHCARE ASSOCIATION OF HAWAII			(808) 521-8961
MAILING ADDRESS (Street)			FAX (808) 521-8961
707 RICHARDS STREET, PH2			EMAIL
(City)		(State)	(Zip Code)
HONOLULU		HI	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
LESLIE T. HO			(808) 521-8961
MAILING ADDRESS (Street)			FAX (808) 521-8961
707 RICHARDS STREET, PH2			EMAIL
			lho@hah.org
(City)		(State)	(Zip Code)
HONOLULU		HI	96813

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Agriculture                               | <input type="checkbox"/> Education                      | <input checked="" type="checkbox"/> Human Services                          | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities         | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs               | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation      | <input checked="" type="checkbox"/> Health              | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below)                    |
| <input type="checkbox"/> Ecology, Energy Environmental Protection  | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        | _____   |

**PART IV CERTIFICATION OF LOBBYIST**

*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

  
(Signature of Lobbyist)

12/18/12  
(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME EMILIE SMITH		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED CHAIR, BOARD OF DIRECTORS	
NAME OF ORGANIZATION (if applicable) HEALTHCARE ASSOCIATION OF HAWAII		TELEPHONE (808) 521-8961	
MAILING ADDRESS (Street) 707 RICHARDS STREET, PH2		FAX (808) 599-2879	
		EMAIL	
(City) HONOLULU	(State) HI	(Zip Code) 96813	

*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*

  
(Signature of Authorizing Officer or Person Represented)

12/19/12  
(Date)